

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1211

BIRTH NO.

2 02 83 F. DEATH ID RESIDENCE	1. PLACE OF DEATH A. COUNTY Cochise				2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Cochise				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Benson (Rural)				C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Benson				
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Rural				D. STREET ADDRESS Rural				
ENT NAL TA 174 4 350	3. NAME OF DECEASED (TYPE OR PRINT) Samuel James Brown				4. SEX Male		5. COLOR OR RACE White		
	6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				7. DATE OF BIRTH MONTH 11 DAY 14 YEAR 1875		8. AGE YEARS 74 MONTHS 10 DAYS 22		
	9B. KIND OF BUSINESS OR INDUSTRY Farming				10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Idaho		11. CITIZEN OF WHAT COUNTRY? U. S. A.		
18)	14A. FATHER'S NAME David B. Brown				14B. BIRTHPLACE (STATE OR COUNTRY) Iowa		15A. MOTHER'S MAIDEN NAME Cynthia McClellan		
	16. INFORMANT'S SIGNATURE <i>Samuel G. Brown</i>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 6, 1950		15B. BIRTHPLACE (STATE OR COUNTRY) Nebraska		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Parkinson's disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 30 hrs. 20 yrs.
IONS, PSY TH TO NAL NCE	19A. DATE OF OPERATION March 8, 1950		19B. MAJOR FINDINGS OF OPERATION <i>Admission</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	21A. ACCIDENT, SUICIDE, HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)				
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
CAL NER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 5, 1950 TO March 6, 1950 THAT I LAST SAW THE DECEASED ALIVE ON March 5, 1950 AND THAT DEATH OCCURRED AT 4:30 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
	23A. SIGNATURE W. F. Haveweyer, M.D.				23B. ADDRESS Willcox, Arizona		23C. DATE SIGNED 3-7-50		
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE March 1950		24C. NAME OF CEMETERY OR CREMATORY Pomerene Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pomerene, Arizona		
IAL FOR R	25A. DATE REC'D BY LOCAL REG. Mar 8, 1950		25B. REGISTRAR'S SIGNATURE <i>Admission</i>		26. FUNERAL DIRECTOR'S SIGNATURE Howard A. Bring		27. EMBALMER'S SIGNATURE Howard A. Bring		
					27. EMBALMER'S SIGNATURE Tucson, Arizona		CERT. NO. 222		